

Entered -05-19-00 - sb

CL 00L0297 - GWENDOLYN BURNS

CLAIM OF:

KENYATTA A. SMITH

P. O. Box 303

Atlanta, Georgia 30301

01-R-0390

For vehicular damages alleged to have been sustained from an automobile accident due to a missing stop sign on March 21, 2000 at Mills Street & McAfee Street, NW.

THIS ADVERSED REPORT IS
APPROVED

BY: 

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0297

Date: February 27, 2001

Claimant /Victim KENYATTA A. SMITH

BY: (Atty) (Ins. Co.) _____

Address: P.O. Box 303, Atlanta, Georgia 30301

Subrogation: _____ Claim for damages \$ 662.02 Bodily Injury \$ _____

Date of Notice: 5/6/00 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 3/21/00 Place: Mills Street, NW & McAfee Street, NW

Department _____ Division _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained vehicular damage from an automobile accident that occurred as a result of a missing stop sign. An investigation determined that an outside contractor performed work at the incident location and removed the sign. Claimant has been advised of this and her claim has been forwarded to the contractor for resolution.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 03-01-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: April 27, 2000

MAY 6

Dear Municipal Clerk:

ENTERED - 5-19-00 - SB

00L0297 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 662.02* property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: March 21, 2000 2. Time of Incident: 5:26 pm 3. Police called: x
(month/day/ year) Yes No
4. Location of incident (including street address): Mills Street/McAfee Street N.W.
5. Name of your insurance company: State Farm Policy No. 167857022118
6. State what and how incident occurred: I was travelling on Mills Street and upon entering the intersection
I was stuck on the passangers side of my vehicle (rear) by a vehicle coming from my right.
I did not have a stop sign and neither did the other driver, but there is a sign at the intersection
for the traffic that would have been travelling from my left (driver's side).
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Honda Civic DX 1993 370WCP Kenyatta A. Smith
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Warren Wheeler (other driver) 2637 Lake Road Tucker, GA 30084 (770) 938-0582(h) (404) 681-3450
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Kenyatta A. Smith

(Print Claimant's Name)

P.O. Box 303 (Mailing address)
(Address)

Atlanta, GA 30301

(City, State and Zip Code)

404) 522-4101

(Work Number)

404) 872-2910

(Home Number)

01-R-0390

430 McAfee Street
Atlanta, GA 30313

* 500.00 deductible
162.02 Rental